

# 0000217185 123.12

State of New Mexico  
Voucher Batch Report  
BusinessUnit 66500 Department of Health  
Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/PCD  
AsOfDate 11/28/2012  
Voucher Vchr VchrLineDescr Distr Account Account Fund VendorName 1099 Accounting Period PurchaseOrder Invoice Number Total Amount  
Number Line Line# Description Withhold Year Month

00317198	1	I/S meals & Lodging	1	542200	Employee I/S Meals & L	06101	ADAMS RICH-001	2013	11	0000095950	Adams, R. 11.13-	435.00
Total For Voucher												435.00

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary

Business Unit: 66500

Invoice Number: Adams, R. 11.13-11.16.12

Voucher ID: 00317198

Invoice Date: 11/26/2012

Voucher Style: Regular

Total: 435.00

Vendor: ADAMS, RICHARD B

\*Pay Terms: Pay Now ☐ Schedule Payments ☒

Saved

RUIDOSO PUBLIC HEALTH OFFICE  
RUIDOSO, NM 88345


## Payment Information

Find | View All First  1 of 1  Last  

Scheduled Payment: 1

\*Remit to: 0000097303 

Gross Amount: 435.00 USD

Location: 001 Discount: 0.00 USD ☐ Discount Denied\*Address: 1 

Late Charge

ADAMS, RICHARD B  
RUIDOSO PUBLIC HEALTH OFFICE  
103 KANSAS CITY RD  
RUIDOSO, NM 88345Scheduled Due: 11/26/2012 Net Due: 11/26/2012 

Discount Due:

Accounting Date:

## Payment Method

\*Bank: WFB10

Pay Group:

\*Account: B

\*Handling: RE 

\*Method: ACH ACH

\*Netting: N 

Message:

[Messages](#)

Message will appear on remittance advice.

Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 66500 Invoice Number: Adams, R. 11.13-11.16.12  
 Voucher ID: 00317198 Invoice Date: 11/26/2012  
 Voucher Style: Regular Total: 435.00

Voucher Processing

☒ Post Voucher ☐ Close Voucher  
☒ Revalue Voucher ☐ Delete Voucher

Accounting Instructions

\*Accounting Template: STANDARD  Account At: Gross 

Match Action

\*Status: Ready   
☐ Pay Unmatched Voucher

Transaction Currency

\*Source: Tables  \*Currency: USD  Rate Type: CRRNT  Exchange Rate: 1.00000000

Voucher Approval

\*Approval: Specify at this Level  Business Process: PROCESS\_VOUCHERS   
 Approval Rule Set: Payment Approval Rule Set 1 

Self Billing Invoice

\*SBI Num Option: Group Vouchers (Auto-Nur  SBI Number: 

Prepayment

Prepayment Reference:  ☐ Automatically Apply Prepayment ☐ Postpone Withholding

Letter of Credit

Letter of Credit ID: 

Tax Group

Saved

NAME DEPARTMENT OF HEALTH

STATE OF NEW MEXICO  
ITEMIZED SCHEDULE  
OF TRAVEL EXPENSES

AGENCY	CODE
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VOUCHER NUMBER

00317198

[illegible]

# New Mexico Department of Health Travel and Training Request Form

<b>Employee Information</b>	Employee Name:	Richard Adams	Position:	CMO
	Department ID and Fund:	6001001000	Telephone:	505-629-7496
	Post of Duty:	Ruidoso	Residence:	Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

<b>Vehicle Information</b>	<input checked="" type="checkbox"/> Check if state vehicle		<input type="checkbox"/> Check if personal vehicle		License #:	GS1984
	Year:	2011	Make:	Nissan	Model:	Altima

<b>Trip/Training Information</b>	Please provide agendas, itineraries and any relevant documents.					
	Course Name: Meeting with Cabinet Secretary in Santa Fe.					
	<input checked="" type="checkbox"/> Check if training is required			<input type="checkbox"/> Check if Continuing Education credits will be granted		

<b>Travel Information</b>	Date of Request:	11/09/12	Destination:	Santa Fe		
	Departure Date: (month/day/yr)	11/13/12	Time:	07:00 AM	Return Date: (month/day/yr)	11/16/12
	Time: 07:00 PM					
<input checked="" type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Training <input type="checkbox"/> Time Only <input type="checkbox"/> *Actuals <input type="checkbox"/> No cost to State/Paid By:						

\* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

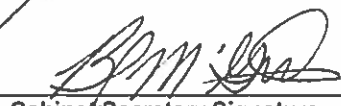
546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	@ \$85/day	\$ 0.00
546800: Registration – Vendor		Santa Fe Only:	3 @ \$135/day	\$ 405.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee		\$ 435.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 435.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

  
Employee Signature      11-16-12  
Date

\_\_\_\_\_  
Supervisor/Bureau Chief Signature      Date

\_\_\_\_\_  
Division Director/Hospital Administrator  
(As per specific division requirements)      Date

  
Cabinet Secretary Signature      11/16/12  
Date  
(To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)